

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
THOMAS C. BOUSKA, SERVICE AREA MANAGER

January 22, 2014

Rosa Nolasco 1520 Ave. P Carter Lake, IA 51510

Dear Child Care Provider,

This letter is in regards to the January 14, 2014 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home.

While in the home the provider self-reported the following and these would constitute code violations:

The provider is currently on probation for drug charges. Iowa Courts on Line does not show a drug conviction and the Department is conducting a FBI fingerprint and Iowa Criminal record check to determine all criminal convictions. Failure to cooperate with this record check will result in a revocation of child development home registration and cancellation of Child Care Assistance Provider Agreement.

Provider reported she has a suspended driver's license (2013) and had been pulled over several times in the last month because she continues to drive even though she is barred. Provider is not allowed to transport any children who are in daycare. Provider has also spent time in jail in the past 30 days due to continued offense ~ compulsory education violation (her teen children refuse to go to school). Provider is working with school and children to ensure they attend school as required by Iowa Law.

lowa Courts on line does show suspended driver's license and compulsory education violations.

The following areas were out of compliance at the time of my visit:

☐110.5(1) Conditions in the home are safe, sanitary, and free of hazards. The front bay window is broke out and a piece of plywood is covering it. During compliance check on 5/14/13, provider agreed to fix the window by July 2013. Provider has not repaired window. Window needs to be repaired.

☐110.5(1)a Has a working telephone. Provider does not have a land line or a personal cell phone. The cell phones go with her children to school. DHS compliance instructed provider to keep a cell phone at home during the day for registration requirements. Provider agreed to do so.
☐110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips. <i>Provider does not have a first aid kit. The provider was also deficient in this area on 5/2013.</i>
☐110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children. <i>Provider does not have a first aid kit. The provider was also deficient in this area on 5/2013.</i>
☐110.5(1)d Medicines are inaccessible to children. <i>Medicines were on top of provider's dresser in her room where the children watch television. Provider needs to ensure medicines are locked up.</i>
☐110.5(1)e All accessible electrical outlets are safely capped. <i>Electrical outlets were not capped and in the kitchen there was an outlet that did not have a face plate. The provider was also deficient in this area on 5/2013.</i>
☐ 110.5(1)h Is kept free from litter, rubbish and flammable materials. When DHS compliance arrived to the home there was a bag of trash sitting right in front of the door on the porch. When DHS compliance left the home the trash had been removed.
☐110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. <i>There were no plans posted. The provider was also deficient in this area on 5/2013.</i>
☐110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. There are no plans. DHS compliance explained how to create plans. The provider was also deficient in this area on 5/2013.
110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. <i>Provider had no records of this. The provider was also deficient in this area on 5/2013.</i>
☐110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. The provider had a fire extinguisher but it was not charged. Provider needs to obtain a new fire extinguisher.
☐110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. <i>There were no smoke detectors in the entire first floor of the home.</i>

110.5(1)n Each smoke detector has been installed according to manufacturer's recommendations. <i>There are no smoke detectors in the childcare areas.</i>
110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. <i>Provider did not have. The provider was also deficient in this area on 5/2013.</i>
☐110.5(1)o Smoking and the use of tobacco products is prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.
☐110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov.
110.5(1)v The provider has written policies about responding to health-related emergencies. <i>The provider did not have written policies.</i>
☐110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file. <i>The provider did not have any of these forms.</i>
☐110.5(2) A provider file is maintained and contains:
☐110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. The provider reported having some of the teenager children's physicals and immunizations in the home but could not locate them. Some of the family members do not have physicals or immunizations. The provider was also deficient in this area on 5/2013.
110.5(2)b Certificates or training verification documentation for:
110.5(2)b Within the first three months of registration: <i>Provider has been registered</i> since 9/1/2012 and has not completed any trainings.
☐110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.) <i>Provider does not have. The provider was also deficient in this area on 5/2013.</i>
☐110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. <i>Provider does not have. The provider was also deficient in this area on 5/2013.</i>

☐ 110.5(2)b During the first year of registration — 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. <i>Provider has not completed. The provider was also deficient in this area on 5/2013.</i>
□110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years. <i>Provider has not completed. The provider was also deficient in this area on 5/2013.</i>
110.5(8) Children's Files
☐110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Provider has 4 children enrolled in care and the only paperwork in each file is immunization records. The records need to be signed and dated by the doctor's office. The provider was also deficient in this area on 5/2013.
Each file contains:
☐110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. <i>Provider does not have forms or information. Provider reports she is caring for family members.</i>
☐110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. Provider does not have forms or information. Provider reports she is caring for family members.
☐110.5(8)c A signed medical consent from the parent authorizing emergency treatment. Provider does not have forms or information. Provider reports she is caring for family members.
☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. <i>Provider does not have forms or information. Provider reports she is caring for family members.</i>

status signed by	or school-aged children: On the y the parent or legal guardian. s she is caring for family memb	Provider does not have for	
	r infants and preschoolers: A sally. <i>Provider does not have for members</i> .		
the parent or leg	or school aged children: An anr gal guardian, annually from da Information. Provider reports sh	te of admission physical.	Provider does not
child, their telep	st signed by the parent which phone number, and relationship ovider reports she is caring for	p to the child. <i>Provider do</i>	
	signed and dated immunization . <i>Provider has immunizations l</i>		
school enrollme	or each school-age child, record ent or since. <i>Provider does not</i> or family members.		
from the child destination, and	itten permission from the parer evelopment home. It must ind d person(s) responsible for the ovider reports she is caring for	clude times of arrival and of child. <i>Provider does not l</i>	departure,
	ary report forms to document in not have forms or information.		
110.5(9) The	provider meets the following r	requirements:	
	capable of handling emergence and this would be a serious barr		
Provider is often	present at all times, except if e n not in the home caring for ch suspended license and is unal	nildren in care but is out ar	nd about with them.
"A" The provider wa	FIC REQUIREMENTS FOR C as not over numbers at the tim ng how many children she can	ne of the visit. This is inclu	

☐110.8(1)a Not more than six preschool children present at any one time includ	ing infants
☐110.8(1)a Of these six children, not more than four children who are 24 month or younger are present at any one time.	is of age
☐110.8(1)a Of the four children under 24 months of age, no more than three mamonths of age or younger.	y be 18
\square 110.8(1)a Not more than two additional school-age children for less than two hand one time.	ours at
☐110.8(1)a Not more than eight children present when the emergency school cleaception is in effect.	osing
Non-compliance with any of the mandated regulatory requirements listed above may the cancellation or revocation of your Child Development Home Registration. Pleas whatever steps are necessary to completely address each of the violations no above. It is essential you correct all above-mentioned violations within the ne	<u>e take</u> ted
days.	Xt 40
\boxtimes Based on the items out of compliance listed above, you will be required to have a or follow up visit to your home. This visit will occur after the 45 day time period has	
Provider completed a compliance check on 5/14/2013 and was non-compliant noted above. DHS compliance made a referral to CCR&R and instructed provide come into full compliance by July 2013. CCR&R has attempted to reach provided May 2013 (the last 7.5 months) via phone, e-mail and mail to assist provider an reported provider refused to respond until January 16, 2014. Provider continueremain out of compliance.	der to ler since id

If provider is not fully compliant with compliance check list during the next visit or fails be present for compliance check then DHS will begin revocation procedure.

Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.

Sincerely,

Michelle Noddings Social Worker II mnoddin@dhs.state.ia.us 417 E. Kanesville Blvd. Council Bluffs, IA 51503 (712) 328 - 5713

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).